

JACKSON STATE UNIVERSITY DEPARTMENT OF BIOLOGY

Change of Advisor Form

NAME:
J NUMBER:
JSU STUDENT EMAIL:
<i>I WOULD LIKE TO CHANGE MY ADVISOR...</i>
From: Name
To: Name
New Advisor's Signature: (REQUIRED)
Date:
Student's Signature: (REQUIRED)
Date:

Submit this form to:

**Dr. LaDonnya Drummond,
Academic Advisement Coordinator
JAP 323
601-979-7009
ladonnya.s.drummond@jsums.edu**